

UNITED STATES BANKRUPTCY COURT
Western District of Texas

Bankruptcy Case No.: 05-32716-lek

Chapter No.: 7

Judge: Larry E. Kelly

IN RE: **Lambert C. Heinemann** , Debtor(s)

**ORDER FIXING LAST DATE FOR FILING PROOFS OF CLAIM,
COMBINED WITH NOTICE THEREOF**

Notice having been previously given that creditors of the above-named debtors were not required to file proofs of claim, and it now appearing that a possible dividend may be declared for creditors at a later date, it is ORDERED, AND NOTICE HEREBY GIVEN THAT

8/6/06 is hereby fixed as the last date for filing of proofs of claim by any creditor of the above-named debtors who desires to have his claim allowed so that he may share in any distribution to be paid from the estate. A proof of claim filed by a governmental unit is timely filed if it is filed not later than 180 days after the date of the order for relief. Creditors and governmental units must file a claim, whether or not they are included in the list of creditors filed by the debtors, no later than the date above fixed or their claim will not be allowed, except as otherwise provided by law. Claims may be filed in the office of the undersigned Clerk on an official form prescribed for proofs of claim obtainable from most legal stationery stores or from the office of the Clerk****.

You are further notified that if a distribution is to be declared for creditors, it will not be made until conclusion of the administration of this estate by the trustee. At a later date, you will be given notice of, and an opportunity to object to, the trustee's final report and accounting.

MAIL ORIGINAL PROOF OF CLAIM TO:

U. S. BANKRUPTCY COURT
P.O. BOX 971040
EL PASO, TX 79997-1040


MAIL COPY OF PROOF OF CLAIM TO:

Donald S. Leslie
2731-A Montana Ave.
El Paso, TX 79903-3799

****** ANY CLAIMANT WHO HAS PREVIOUSLY FILED A CLAIM IN THESE PROCEEDINGS IS NOT REQUIRED
TO RE-FILE SAME AND MAY DISREGARD THIS NOTICE.**

Dated: 5/8/06

George D. Prentice II
Clerk, U. S. Bankruptcy Court

Name of Debtor Lambert C. Heinemann		Case Number 05-32716-lek		 05-32716 THIS SPACE IS FOR COURT USE ONLY
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.				
Name of Creditor (The person or other entity to whom the debtor owes money or property):		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Name and Address where notices should be sent:				
Telephone Number:		Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated: _____		
Last four digits of account or other number by which creditor identifies debtor:				
1. Basis for Claim <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (date) (date) </div> </div> </div>				
2. Date debt was incurred:		3. If court judgment, date obtained:		
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.				
Unsecured Nonpriority Claim \$ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim, all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).		<input type="checkbox"/> Up to \$ 2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>		
5. Total Amount of Claim at Time Case Filed: \$ _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (unsecured) (secured) (priority) (Total) </div> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.				
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.				THIS SPACE IS FOR COURT USE ONLY
Date	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):			

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances, such as bankruptcy cases that are not filed voluntarily by a debtor, there may be exceptions to these general rules.

---- DEFINITIONS ----**Debtor**

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

Creditor

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

Proof of Claim

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the clerk of the bankruptcy court where the bankruptcy case was filed.

Secured Claim

A claim is a secured claim to the extent that the creditor has a lien on property of the debtor (collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on the property.

Examples of liens are a mortgage on real estate and a security interest in a car, truck, boat, television set, or other item of property. A lien may have been obtained through a court proceeding before the bankruptcy case began; in some states a court judgment is a lien. In addition, to the extent a creditor also owes money to the debtor (has a right of setoff), the creditor's claim may be a secured claim. (See also *Unsecured Claim*.)

Unsecured Claim

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

Unsecured Priority Claim

Certain types of unsecured claims are given priority, so they are to be paid in bankruptcy cases before most other unsecured claims (if there is sufficient money or property available to pay these claims). The most common types of priority claims are listed on the proof of claim form. Unsecured claims that are not specifically given priority status by the bankruptcy laws are classified as *Unsecured Nonpriority Claims*.

Items to be completed in Proof of Claim form (if not already filled in)**Court, Name of Debtor, and Case Number:**

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the court, all of this information is near the top of the notice.

Information about Creditor:

Complete the section giving the name, address, and telephone number of the creditor to whom the debtor owes money *or* property, and the debtor's account number, if any. If anyone else has already filed a proof of claim relating to this debt, if you never received notices from the bankruptcy court about this case, if your address differs from that to which the court sent notice, or if this proof of claim replaces or changes a proof of claim that was already filed, check the appropriate box on the form.

1. Basis for Claim:

Check the type of debt for which the proof of claim is being filed. If the type of debt is not listed, check "Other" and briefly describe the type of debt. If you were an employee of the debtor, fill in your social security number and the dates of work for which you were not paid.

2. Date Debt Incurred:

Fill in the date when the debt first was owed by the debtor.

3. Court Judgments:

If you have a court judgment for this debt, state the date the court entered the judgment.

4. Classification of Claim**Secured Claim:**

Check the appropriate place if the claim is a secured claim. You must state the type and value of property that is collateral for the claim, attach copies of the documentation of your lien, and state

the amount past due on the claim as of the date the bankruptcy case was filed. A claim may be partly secured and partly unsecured. (See DEFINITIONS, above).

Unsecured Priority Claim:

Check the appropriate place if you have an unsecured priority claim, and state the amount entitled to priority. (See DEFINITIONS, above). A claim may be partly priority and partly nonpriority if, for example, the claim is for more than the amount given priority by the law. Check the appropriate place to specify the type of priority claim.

Unsecured Nonpriority Claim:

Check the appropriate place if you have an unsecured nonpriority claim, sometimes referred to as a "general unsecured claim". (See DEFINITIONS, above). If your claim is partly secured and partly unsecured, state here the amount that is unsecured. If part of your claim is entitled to priority, state here the amount **not** entitled to priority.

5. Total Amount of Claim at Time Case Filed:

Fill in the total amount of the entire claim. If interest or other charges in addition to the principal amount of the claim are included, check the appropriate place on the form and attach an itemization of the interest and charges.

6. Credits:

By signing this proof of claim, you are stating under oath that in calculating the amount of your claim you have given the debtor credit for all payments received from the debtor.

7. Supporting Documents:

You must attach to this proof of claim form copies of documents that show the debtor owes the debt claimed or, if the documents are too lengthy, a summary of those documents. If documents are not available, you must attach an explanation of why they are not available.

Bankruptcy Noticing Center
2525 Network Place, 3rd Floor
Herndon, Virginia 20171-3514

CERTIFICATE OF SERVICE

District/off: 0542-3
Case: 05-32716

User: yarbrough
Form ID: 148

Page 1 of 1
Total Served: 40

Date Rcvd: May 08, 2006

The following entities were served by first class mail on May 10, 2006.

db +Lambert C. Heinemann, 11073 Tom Shaw, El Paso, TX 79936-2808
aty +Robert J. Poissant, 609 Laurel St., El Paso, TX 79903-3401
12650840 Buena Vida- Adult Day Care, PO Box 140767, Austin, TX 78714-0767
12650841 CBA, PO Box 5013, Hayward, CA 94540-5013
12650842 CCA, PO Box 439, Norwell, MA 02061-0439
12650843 Chase Bank, PO Box 15651, Wilmington, DE 19886-5651
12650844 +City of El Paso, 200 South Alto Mesa Dr., El Paso, TX 79912-4426
12650845 Del Sol Medical Center, PO Box 2548, Sherman, TX 75091-2548
12650846 Dillard's, PO Box 4599, Carol Stream, IL 60197-4599
12650849 Emergency Physician, PO Box 96118, Oklahoma City, OK 73143-6118
12650850 +Financial Corp of America, PO Box 16468, Austin, TX 78761-6468
12650851 First Light FCU, PO Box 24901, El Paso, TX 79914-9001
12650852 First USA, PO Box 94014, Palatine, IL 60094-4014
12650853 Fort Bliss FCU, PO Box 79265, City Of Industry, CA 91716-9265
12650854 +Guardian Assoc., 13746 Victory Blvd. Ste. 311, Van Nuys, CA 91401-6726
12650855 +JC Penny, PO Box 981131, El Paso, TX 79998-1131
12650856 +Life Time Publications, PO Box 2098, Norfolk, VA 23501-2098
12650857 MBNA, PO Box 15102, Wilmington, DE 19886-5102
12650858 Military Book Club, PG Box 6325, Camp Hill, PA 17012-6325
12650859 North Shore Agency, PO Box 8901, Westbury, NY 11590-8901
12650860 +Patricio Pazmino MD, 1701 N. Mesa Ste. 101, El Paso, TX 79902-3503
12650861 Pro Alert, PO Box 790205, Saint Louis, MO 63179-0205
12650863 RMCB, PO Box 1234, Elmsford, NY 10523-0934
12650862 Rio Grand Diagnostics, PO Box 101957, Fort Worth, TX 76185-1957
12650864 Roxborough High School, PG Box 29920, New York, NY 10087-9920
12650866 +SBC, PG Box 930170, Dallas, TX 75392-0001
12650865 Sams Club, PG Box 530942, Atlanta, GA 30353-0942
12650867 +Scott Lowery Law Office, 4500 Cherry Creek Dr. South, Ste.700, Denver, CO 80246-1534
12650868 Sears, PG Box 182149, Columbus, OH 43218-2149
12650869 Sierra Springs, PG Box 530578, Atlanta, GA 30353-0578
12650870 +Texas Tech Medical, 1817 Wyoming, Suite 200, El Paso, TX 79903-3406
12650871 Time Warner, PG Box 650047, Dallas, TX 75265-0047
12650872 +Trans World Sys., 8131 LBJ Freeway, Ste 200, Dallas, TX 75251-1340
12650873 True Logic Corp., PO Box 4437, Englewood, CO 80155-4437
12650874 +Trugreen Chemlawn, 1330 Northwestern, El Paso, TX 79912-8003
12650875 +USAA, 3773 Howard Hughs Pkwy Ste 190N, Las Vegas, NV 89109-5936
12650876 Wells Fargo Bank, PG Box 983, Brookfield, WI 53008-0983
12650877 Wells Fargo Bank, PO Box 59207, Minneapolis, MN 55459-0207

The following entities were served by electronic transmission on May 08, 2006 and receipt of the transmission was confirmed on:

12650847 E-mail: mrdiscen@discoverfinancial.com May 09 2006 00:31:17 Discover, PO Box 30395,
Salt Lake City, UT 84130-0395
12650848 +E-mail: mrdiscen@discoverfinancial.com May 09 2006 00:31:17 Discover, PO Box 7086,
Dover, DE 19903-7086

TOTAL: 2

***** BYPASSED RECIPIENTS *****

NONE.

TOTAL: 0

Addresses marked '+' were corrected by inserting the ZIP or replacing an incorrect ZIP.
USPS regulations require that automation-compatible mail display the correct ZIP.

I, Joseph Speetjens, declare under the penalty of perjury that I have served the attached document on the above listed entities in the manner shown, and prepared the Certificate of Service and that it is true and correct to the best of my information and belief.

First Meeting of Creditor Notices only (Official Form 9): Pursuant to Fed. R. Bank. P. 2002(a)(1), a notice containing the complete Social Security Number (SSN) of the debtor(s) was furnished to all parties listed. This official court copy contains the redacted SSN as required by the bankruptcy rules and the Judiciary's privacy policies.

Date: May 10, 2006

Signature:

